

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

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<b>Title of Invention</b>	WOUND HEALING WITH FEEDBACK CONTROL
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Attorney Docket Number :	13999-2

I hereby appoint the registered practitioner(s) at Customer Number:

23676



as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I am the Applicant/Inventor.

Full Name of Applicant of Record:

Jerrold S. PETROFSKY

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